

WARNING -- Do not fill out this form until you have read all instructions.		DESIGNATION OF BENEFICIARY CIVIL SERVICE RETIREMENT SYSTEM	OBM Approved: No. 3206-0142
A. INFORMATION CONCERNING THE DESIGNATOR			
1. NAME <i>(Last, first, middle)</i>		2. Date of birth <i>(Month, day, year)</i>	3. Social Security Number
4. Department or agency in which <input type="checkbox"/> presently or <input type="checkbox"/> last employed, including bureau or division <i>(Check one block)</i>			5. Claim number if retired <div style="text-align: center; font-weight: bold;">CSA---</div>
I, the employee or former employee identified above, canceling any and all previous designations of beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Civil Service Retirement law after my death. I understand that this designation of beneficiary will not affect the rights of any survivors who may qualify for annuity benefits after my death, and that this designation will remain in full force and effect unless or until canceled by me in writing.			
B. INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES			
Type or print first name, middle initial, and last name of each beneficiary	Type or print address <i>(including ZIP code)</i> of each beneficiary	Relationship	Share to be paid to each beneficiary <i>(See example)</i>
I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any deceased beneficiary or beneficiaries who may die before a lump-sum benefit becomes payable shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. If none of the beneficiaries are alive when the lump-sum benefit becomes payable, this designation shall be void.			
Date of this designation <i>(Month, day, year)</i>	Signature of designator <i>(Do not print)</i>		
C. WITNESSES <i>(A witness is not eligible to receive payment as a beneficiary.)</i>			
We, the undersigned, certify that this instrument was signed in our presence.			
Signature of witness <i>(Do not print)</i>	Number and street	City, state, ZIP code	
Signature of witness <i>(Do not print)</i>	Number and street	City, state, ZIP code	
Print or type your name and address <i>(including ZIP code)</i> to insure return of copy.		<i>(Reserved for receiving stamp of Office of Personnel Management)</i>	

COMPLETE THIS FORM AND THE DUPLICATE COPY.

MAIL BOTH COPIES TO THE OFFICE OF PERSONNEL MANAGEMENT, CIVIL SERVICE RETIREMENT SYSTEM, BOYERS, PA 16017

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Important --- The filing of this form completely cancels any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries.

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address <i>(including ZIP code)</i> of each beneficiary	Relationship	Share to be paid to each beneficiary
SARAH M. JONES	22 Elm Street Lima, Ohio 45801	Sister	All

Do not write name as S. M. Jones or as Mrs. George L. Jones.

HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address <i>(including ZIP code)</i> of each beneficiary	Relationship	Share to be paid to each beneficiary
MARY A. SMITH	4902 Oak Street Judson, North Dakota 58548	Aunt	One-half
ANNA D. BROWN	50 Duke Street Judson, North Dakota 58548	Cousin	One-fourth
HENRY G. BROWN	50 Duke Street Judson, North Dakota 58548	Cousin	One-fourth

Be sure that shares to be paid to the beneficiaries add up to 100%.

HOW TO DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address <i>(including ZIP code)</i> of each beneficiary	Relationship	Share to be paid to each beneficiary
CATHERINE J. ANDERSON, if living	91 Adams Avenue Syracuse, New York 13206	Niece	All
Otherwise to: JOHN L. JONES	69 Harris Avenue Cleveland, Ohio 44104	Nephew	All

HOW TO CANCEL A DESIGNATION OF BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address <i>(including ZIP code)</i> of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel Prior Designation			

You may want to cancel a beneficiary you have named if your circumstances change and you want the benefit payable under the Civil Service Retirement law order of precedence. (See back of duplicate.)

WHO SHOULD USE THIS DESIGNATION OF BENEFICIARY?

This designation may be used only by persons who 1) are or were covered by the Civil Service Retirement System (CSRS) and 2) want to designate that any lump sum which may become payable after their death should be paid other than according to the order of precedence which follows. This designation may also be used by a person who wants to cancel a prior Standard Form 2808 that is on file with OPM. If you are covered by the Federal Employees' Retirement System (FERS), you must use Standard Form 3102 to designate a beneficiary for any lump sum which may become payable from that retirement system. To designate a beneficiary for any life insurance benefits payable under the Federal Employees' Group Life Insurance Program, all persons covered by the Program must use Standard Form 2823. Employees under CSRS and FERS must use Standard Form 1152 to designate a beneficiary for any unpaid compensation payable by their employing agency if the employee should die while on the agency's rolls. To designate a beneficiary for amounts payable by the Thrift

CIVIL SERVICE RETIREMENT LAW ORDER OF PRECEDENCE

If there is no designated beneficiary living, any lump-sum benefit which becomes payable after the death of an employee or former employee will be payable to the first person or persons listed below who are alive on the date title to the payment arises.

1. To the widow or widower.
2. If neither of the above, to the child or children in equal shares, with the share of any deceased child distributed among the descendants of that child.
3. If none of the above, to the parents in equal shares or the entire amount to the surviving parent.
4. If none of the above, to the executor or administrator of the estate of the decedent.
5. If none of the above, to the next of kin under the laws of the State in which the decedent was domiciled at date of death.

It is not necessary for any employee or former employee to designate a beneficiary unless he or she wishes to name some person or persons not included above or have payment made in a different order.

PURPOSE OF DESIGNATING A BENEFICIARY

A designation of beneficiary is for lump-sum benefit purposes only and does not affect the right of any person who qualifies to receive *survivor annuity* benefits. Such benefits are payable either by operation of law or as a result of an election made by a retiring employee. Survivor annuity benefits are never based on this form.

DESIGNATING A TRUST AS A BENEFICIARY

If you wish to designate a trust fund as your beneficiary, see your agency personnel office for information before filling out this form.

INSTRUCTIONS

1. The examples printed on the back of the first page may be helpful to you.
2. Type or print all entries except signatures.
3. Fill out and mail both copies to the Office of Personnel Management, Civil Service Retirement System, Boyers, PA 16017. The designation of beneficiary must be received by the Office of Personnel Management prior to the death of the employee or former employee to be valid.
4. Cancellation of a prior designation may be effected without the naming of a new

beneficiary by making out a new Standard Form 2808 and inserting in the space provided for name of beneficiary the words "Cancel Prior Designation." All designations of beneficiary filed before September 1, 1950, have been canceled by law. It is not necessary to file a new form to cancel a designation made before that date.

5. This form is not intended as a will, and miscellaneous provisions, such as payment of just debts, payment on the monthly installment plan, etc., will not be recognized.
6. A designation free of erasures or alterations should be filed in order to avoid a possible contest after death.
7. The duplicate will be returned to you as evidence that the original has been received and filed. When you receive the duplicate, file it with your important papers. After your death the beneficiary, or someone acting for the beneficiary, should request the Office of Personnel Management to furnish a form on which to make application for any lump-sum benefit which may be payable.

LAW AND REGULATIONS

1. By law, the designation of beneficiary shall be in writing, signed by the designator and witnessed. To be valid, the signed and witnessed form must be officially received at OPM before the death of the designator. A designation of beneficiary form delivered to OPM on a non-work day or after working hours cannot be officially received until the next work day. Also, facsimile copies, including those transmitted by telephone, are not acceptable and cannot be used to meet the filing deadline.
2. By law, no change or cancellation of beneficiary in a last will or testament, or in any other document not witnessed and filed as required by these regulations, shall have any force or effect.
3. A witness to a designation of beneficiary is ineligible to receive payment as a beneficiary.
4. Any person, firm, corporation, or legal entity may be named as beneficiary.
5. A change of beneficiary may be made at any time and without the knowledge or consent of the previous beneficiary, and this right cannot be waived or restricted.

PRIVACY ACT STATEMENT

Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code). The information you furnish will be used to determine who will receive a lump-sum benefit in the event of your death, to identify records properly associated with your service, to obtain additional information if necessary, and to maintain a uniquely identifiable file. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, or to obtain information necessary for determination of benefits under this program. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorized the use of the Social Security Number. Furnishing the data requested is voluntary, but failure to do so may delay or make it impossible for OPM to determine who will receive a lump-sum benefit in the event of your death.

PUBLIC BURDEN STATEMENT

We think this form takes an average 15 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Paperwork Reduction Project, OMB Clearance Number 3206-0142, Office of Management and Budget, Washington, D.C. 20503.